



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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JStokes

1/15/2016

#2370

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name ☐ Change Registered Agent ☐ Change Address

☐ Other: _____ Previous Name of PAC _____

Name of Committee:

ONE NEVADA PAC

Telephone:

(702) 283-4977

Mailing Address:

4790 Caughlin Parkway #170 Reno

Street Name, Number

City

NV

89519

State Zip Code

PAC Active Email Address:

browergreg@gmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To participate and assist candidates in the electoral process.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Greg Brower

Telephone:

(702) 283-4977

Physical Address:

2030 Caughlin Creek Road

Reno

Street Name, Number

City

NV

89519

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Date:

January 15, 2016

X *Greg Brower*

Signature of Registered Agent



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

Greg Brower

(702) 283-4977

Mailing Address:

4790 Coughlin Pkwy #170 Reno

NV 89579

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

Printed Name:

Date:

Telephone:

XGR

Greg Brower

1/15/2016 (702) 283-4977

Signature of Representative of Group